

CLAIMS ONLY

multiple dependent

Application Number

101537888

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2		1				
3						
4		2				
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Total Indep	5					
Total Depend	14					
Total Claims	19					

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Total Indep					
Total Depend					
Total Claims					